TAX ASSESSOR (Rm. 201) Must sign Rowan County Building Inspections Department before Permit is issued PERMIT APPLICATION 402 North Main St. Suite 207, Salisbury • Phone: 704.216.8619 • Fax: 704.638.3130 Map/Parcel ____ Single Family Two Family Commercial Mobile Home Modular Enter Company OR Applicant's Name: _____ Company OR Applicant's Phone: ____ Job Site Address: _ Property Owner's Phone: City No. Street Property Owner: _ _____ Property Owner's Email: ___ Directions to Job Site (REQUIRED): (from 402 N Main St) Type of Work: ☐ New ☐ Addition ☐ Renovation ☐ Upfit Accessory Shell □ Demolition Proposed Use ____ Description of Work: **BUILDING PERMIT** Manufactured Home: Residential: Commercial: Make: ______ Year:_____ Building Area (sq. ft.):___ No. Bedrooms: No. Fireplaces: VIN:___ (includes heated, unheated, exterior covered Basement (sq.ft.):___ Park: 1st Floor (sq.ft.): Project Area (sq.ft.): ____ Other: 2nd Floor (sq.ft).: _____ (if project is partial renovation or addition) Porch/Deck (sq.ft.): ___ Number of Stories: _____ Attached Garage/Carport (sq.ft.):_____ Sprinklers: NFPA13 NFPA13R / D Piers/Decks (sq. ft.): ___ TOTAL ATTACHED sq ft.: Multi-family No. Units: DETACHED Garage/Carport (sq.ft.):_____ Total Project Cost \$ **Plumbing:** [Mark Number of Each Fixture/Connection] New Water /Sewer Connection: ☐ Yes □ No Floor Drains Commodes Sinks

Pool (sq. ft.): ______ Value:_____ Building Permit Fee \$____ Water/Sewer Connections Water Heater – Elec Lavatories ____ Washing Machines Bidets Water Fleater – Gas Water Heater – Service Bathtubs Dishwashers Urinals Showers ____ Disposals Water/Sewer Service Other: ___ Description of Work: Plumbing Permit: Plumb Permit Fee \$_____ Mechanical: | Gas: ☐ Yes ☐ No Gas Company:(REQUIRED) _____ # Gas Connects/Appliances: BTUs:______ Air Tons:_____ Number of Units: Split Units: Package Units: Gas Pac Units:____ Description of Work: ___ Cond. Gas Permit: Mech Permit Fee \$ Mechanical Permit: Electrical: Power Company: (REQUIRED) ____ New Service: Amperage: ______ Voltage: ____ Phase: □Single □3 Phase Is this a RECONNECT? □ Yes □ No

Change of Service: Yes No If Change of Service, Amperage from _______ to ______ Change of Phase: Yes No

_____ Bldr Srv: _____ Cond: ____ Elect Permit Fee \$____

☐Swimming Pool

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Builder's Service: ☐ Yes ☐ No

Description of Work: ____

PERMITS

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Z.

Total Permit Fee \$

☐ Low Voltage SOLAR PV KVA (REQUIRED) ____

Other

I hereby certify that all information in this application is correct and all work will comply with the State Building Code and all other applicable State and local laws, ordinances, and regulations. The Rowan County Building Code Enforcement Office will be notified of any changes in the approved plans and specifications for the project permitted herein.

General or MH Set Up:	Phone:	Lic :
Email:	Print Name:	
Addr.:	Signature::	
Plumbing:	Phone:	Lic :
Email:	Print Name:	
l .	Signature:	
Mechanical:	Phone:	Lic
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nail:dr.:signing, I confirm that this my controperty owner is aware that I am an u	Print Name: Signature: act for this permitted work is less than \$30,000, the work is gene nlicensed contractor acting under NCGS 87-14, exemption for p	Date: eral construction only, and that rojects less than \$30,000.
signing, I confirm that this my contribution of the perty owner is aware that I am an understanding as Contractor: Trmits Not Required: For construction olves 1) load bearing structure, 2) a string/cooling, or electrical systems. Installed by licensed contractor, or eccess 153A-357 Permits are not reconstruction.	Signature:	Date:
signing, I confirm that this my controperty owner is aware that I am an unique acting as Contractor: rmits Not Required: For construction olves 1) load bearing structure, 2) a cating/cooling, or electrical systems. Installed by licensed contractor, or e	Signature:	Date: